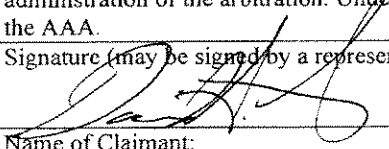


**EXHIBIT C**

**AMERICAN ARBITRATION ASSOCIATION  
COMMERCIAL ARBITRATION RULES  
DEMAND FOR ARBITRATION**

<b>MEDIATION:</b> If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box. <input type="checkbox"/> There is no additional administrative fee for this service.					
Name of Respondent: <b>Hennessee Group LLC</b>			Name of Representative: <b>Joel S. Stuttman</b>		Name of Firm: <b>Joel S. Stuttman, P.C.</b>
Address <b>500 Fifth Avenue, 47<sup>th</sup> Floor</b>			Representative's Address: <b>303 Old Tarrytown Road</b>		
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10110</b>	City: <b>White Plains</b>	State: <b>NY</b>	Zip Code: <b>10603</b>
Phone No.		Fax No.	Phone No. <b>914.948.8392</b>		Fax No.
The named claimant, a party to an arbitration agreement contained in a written contract, dated <b>December 15, 1998</b> , providing for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration thereunder.					
<b>THE NATURE OF THE DISPUTE:</b> Claimant seeks a declaratory judgment that it has not breached the Investment Advisory Agreement and does not owe the sum of \$662,298.00 to respondent, or any other amounts to respondent					
Dollar Amount of Claim <b>\$0.00</b>			Other Relief Sought: <input checked="" type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input type="checkbox"/> Arbitration Costs <input type="checkbox"/> Punitive/Exemplary <input type="checkbox"/> Other		
Amount of filing fee enclosed with this Demand <b>\$3,250.00</b>					
Please describe appropriate qualifications for arbitrator (s) to be appointed to hear this dispute: <b>Three person panel as qualified under Section XIV of the attached Investment Advisory Agreement</b>					
Hearing locale <b>Denver, Colorado</b> <input checked="" type="checkbox"/> Requested by Claimant <input type="checkbox"/> Locale provision included in the contract					
Estimated time needed for hearings overall: <b>Three Days</b>			Type of Business: Claimant <u>Individual</u> Respondent <u>Hedge Fund Advisor</u>		
Is this a dispute between a business and a consumer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does this dispute arise out of an employment relationship? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If this dispute arises out of an employment relationship what was/is the employee's annual wage range? Note: This question is required by California law. <input type="checkbox"/> Less Than \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> Over \$250,000					
You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association's Case Management Center, located in Fresno, California, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within fifteen days after notice from the AAA.					
Signature (may be signed by a representative) Date: <b>8/28/07</b> 			Name of Representative: <b>David S. Chipman</b>		
Name of Claimant: <b>Richard Rogel</b>			Name of Firm (if Applicable): <b>Brownstein Hyatt Farber Schreck, P.C.</b>		
Address <b>56 Rosecrown P.O. Box 1659</b>			Representative's Address (To Be Used in Connection with This Case): <b>410 Seventeenth Street, Suite 2200</b>		
City: <b>Avon</b>	State: <b>CO</b>	Zip Code: <b>81620-1659</b>	City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80202</b>
Phone No. <b>970.949.7970</b>		Fax No.	Phone No.: <b>303.223.1171</b>	Email Address: <b>dchipman@bhfs.com</b>	Fax No.: <b>303.223.0971</b>
To begin proceedings, please send two copies of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.					